



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT



THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

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– Article IV, Section 53 of the Michigan Constitution

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Michigan *Office of the Auditor General* **REPORT SUMMARY**

Performance Audit

Robert Scott Correctional Facility

Department of Corrections

Report Number:
471-0257-06

Released:
January 2007

The mission of Robert Scott Correctional Facility (RSCF) is to protect and enhance the community by preparing female offenders for re-entry into society. RSCF houses all security levels of females and also serves as the Department of Corrections' (DOC's) reception center for all newly-committed female prisoners. RSCF is located in Wayne County, in Plymouth. It was opened in 1986 and has a prisoner capacity of 880.

Audit Objective:

To assess RSCF's compliance with selected policies and procedures related to safety and security.

Audit Conclusion:

We concluded that RSCF was generally in compliance with selected policies and procedures related to safety and security. However, we noted reportable conditions related to gate manifests, key and padlock control, prisoner shakedowns, prisoner cell searches, security classification, drug testing, security monitoring exercises, metal detector and x-ray machine calibration, self-contained breathing apparatus squad, sanitation inspections, and maintenance (Findings 1 through 11).

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Audit Objective:

To assess the efficiency of RSCF's food service operation.

Audit Conclusion:

We concluded that RSCF's food service operation was efficient. However, we noted a reportable condition related to food

service menu changes and quality checks (Finding 12).

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Audit Objective:

To assess the effectiveness of RSCF's efforts to establish and implement controls for safeguarding prisoner assets.

Audit Conclusion:

We concluded that RSCF was effective in its efforts to establish and implement controls for safeguarding prisoner assets. Our report does not include any reportable conditions related to this audit objective.

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Agency Response:

Our audit report contains 12 findings and 15 corresponding recommendations. DOC's preliminary response indicates that RSCF agrees with the recommendations and has complied or will comply with them.

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A copy of the full report can be
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AUDITOR GENERAL

January 24, 2007

Ms. Patricia L. Caruso, Director
Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Ms. Caruso:

This is our report on the performance audit of Robert Scott Correctional Facility, Department of Corrections.

This report contains our report summary; description of agency; audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a formal response within 60 days after release of the audit report.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

A handwritten signature in black ink that reads "Thomas H. McTavish".

Thomas H. McTavish, C.P.A.
Auditor General

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Description of Agency

The mission* of Robert Scott Correctional Facility (RSCF) is to protect and enhance the community by preparing female offenders for re-entry into society. This is to be accomplished by providing meaningful access to educational programs, vocational training, psychological counseling, and substance abuse relapse prevention. To help prisoners establish a solid foundation for the future, RSCF provides each prisoner with the opportunity to modify negative behavior and acquire the skills needed to maintain gainful employment upon release.

RSCF houses security classification levels I*, II*, IV*, and V* female prisoners and also serves as the Department of Corrections' (DOC's) reception center for all newly-committed female prisoners. RSCF is located in Wayne County, in Plymouth, and is under the jurisdiction of DOC. It was opened in 1986 as a male facility and was converted to a female facility in 1991. It has a prisoner capacity of 880 with 11 housing units. The warden is the chief administrative officer and is appointed by the director of DOC. For security, RSCF has three 12-foot fences topped with razor-ribbon wire, gun towers, electronic perimeter detection systems, and a grounds patrol vehicle outside the prison's secure perimeter.

For fiscal year 2004-05, RSCF's operating expenditures were approximately \$28.1 million. As of June 30, 2006, RSCF had 344 employees.

* See glossary at end of report for definition.

Audit Objectives, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

Audit Objectives

Our performance audit* of Robert Scott Correctional Facility (RSCF), Department of Corrections (DOC), had the following objectives:

1. To assess RSCF's compliance with selected policies and procedures related to safety and security.
2. To assess the efficiency* of RSCF's food service operation.
3. To assess the effectiveness* of RSCF's efforts to establish and implement controls for safeguarding prisoner assets.

Audit Scope

Our audit scope was to examine the program and other records of Robert Scott Correctional Facility. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances. Our audit procedures, conducted from April through June 2006, included examination of program records and activities primarily for the period October 1, 2003 through May 31, 2006.

Audit Methodology

To establish our audit objectives and to gain an understanding of RSCF's activities, we conducted a preliminary review of RSCF's operations. This included discussions with various RSCF staff regarding their functions and responsibilities and examination of program records, policy directives, and operating procedures. In addition, we reviewed self-audits*, monthly reports to the warden, community liaison committee meeting minutes, and the Commission on Accreditation for Corrections evaluation reports. We also reviewed the DOC internal audit reports for selected operations.

To assess RSCF's compliance with selected policies and procedures related to safety and security, we examined records related to firearm inventories; employee firearm

* See glossary at end of report for definition.

qualifications; employee training; gate passes and public works; security threat group (STG) prisoners*; medication control; drug testing; prisoner, cell, and employee searches; and accounting for prisoners. We also examined records for fire safety, preventive maintenance, and disaster planning. We reviewed procedures and records for security monitoring exercises, self-audits, visitor safety, telephone monitoring systems, and documentation of items taken into and out of the prison. On a test basis, we inventoried keys, critical tools*, dangerous tools*, and firearms.

To assess the efficiency of RSCF's food service operation, we reviewed controls and tested food service records and procedures related to Statewide menus, production, and quality evaluations.

To assess the effectiveness of RSCF's efforts to establish and implement controls for safeguarding prisoner assets, we reviewed controls and analyzed financial information involving prisoner accounts, the prisoner benefit fund, and the prisoner store.

We use a risk and opportunity based approach when selecting activities or programs to be audited. Accordingly, our audit efforts are focused on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. By design, our limited audit resources are used to identify where and how improvements can be made. Consequently, our performance audit reports are prepared on an exception basis. To the extent practical, we add balance to our audit reports by presenting noteworthy accomplishments for exemplary achievements identified during our audits.

Agency Responses and Prior Audit Follow-Up

Our audit report contains 12 findings and 15 corresponding recommendations. DOC's preliminary response indicates that RSCF agrees with the recommendations and has complied or will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and Department of Management and Budget Administrative Guide procedure 1280.02 require DOC to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

* See glossary at end of report for definition.

We released our prior performance audit of Scott Regional Correctional Facility, Department of Corrections (#4725792), in July 1992. Within the scope of this audit, we followed up 7 of the 11 prior audit recommendations. RSCF had complied with 5 of the 7 prior audit recommendations. We rewrote 2 prior audit recommendations for inclusion in this report.

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: Robert Scott Correctional Facility (RSCF) operates under policy directives and operating procedures established by the Department of Corrections (DOC), in addition to regional operating procedures and operating procedures developed internally. These policies and procedures are designed to have a positive impact on the safety and security of RSCF as well as to help ensure that prisoners receive proper care and services. The procedures address many aspects of RSCF's operations, including key, tool, and firearm security; prisoner, employee, visitor, and housing unit searches; prisoner counts; and fire safety, preventive maintenance, and disaster planning. Although compliance with these procedures should contribute to a safe and secure facility, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance with the procedures will not entirely eliminate the safety and security risks.

Audit Objective: To assess RSCF's compliance with selected policies and procedures related to safety and security.

Conclusion: We concluded that RSCF was generally in compliance with selected policies and procedures related to safety and security. However, we noted reportable conditions* related to gate manifests*, key and padlock control, prisoner shakedowns*, prisoner cell searches*, security classification, drug testing, security monitoring exercises, metal detector and x-ray machine calibration, self-contained breathing apparatus* squad, sanitation inspections, and maintenance (Findings 1 through 11).

Noteworthy Accomplishments: RSCF was selected as the recipient of the 2006 American Association of University Women Legal Advocacy Fund, Progress in Equity Award. The award was for the RSCF program involving college level courses through the University of Michigan - Dearborn. Each year, the Washington, D.C. based association recognizes a college or university program that has resulted in significant progress for women by promoting best practices and equity for women in higher education. The Association informed RSCF that it was honored to recognize this

* See glossary at end of report for definition.

innovative program and was most impressed by the important work RSCF does to advance women's educational opportunity in a critically underserved population.

In addition, since 1997, numerous prisoners at RSCF have been involved in the Lap Robe Project. This project involves prisoners who volunteer their time to knit and crochet hats, scarves, mittens, baby clothes, sweaters, blankets, and afghans for needy individuals. Over the years, these items have been provided to homeless shelters, nursing homes, orphanages, low income families, Habitat for Humanity houses, the Salvation Army, pregnancy centers, hospitals, and churches. This project has been recognized in numerous newspaper articles, as well as *Family Circle* magazine.

FINDING

1. Gate Manifests

RSCF did not effectively monitor and reconcile gate manifests. Improperly monitoring gate manifests could result in dangerous items being left inside the prison, endangering staff and prisoners.

Gate manifests provide a record of items (tools, supplies, medications, etc.) entering and leaving the prison and are used to control and prevent the introduction of contraband* and the theft of State property. DOC operating procedure 04.04.100 requires that all gate manifests be reconciled daily, that the designated individual ensure that all sections have been completed with all dates, times, and signatures properly recorded, that the appropriate copies of the gate manifest have been returned, and that tracking numbers match the numbers listed in the gate manifest log.

Our review of 49 gate manifests prepared at RSCF for January 9 through 13, 2006 disclosed that 49 (100%) gate manifests were not prepared on prenumbered documents or recorded in a gate manifest log for reconciliation purposes. We also noted that 11 (22%) gate manifests were not properly signed by an authorized individual.

RECOMMENDATION

We recommend that RSCF effectively monitor and reconcile gate manifests.

* See glossary at end of report for definition.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that it now uses prenumbered gate manifests which are recorded in a log maintained by the information desk officer. RSCF informed us that, upon completion of each shift, the information desk officer reconciles the manifests to the log. In addition, RSCF informed us that it has updated its authorized signature on manifest list to legibly reflect all authorized staff persons who may sign a manifest.

FINDING

2. Key and Padlock Control

RSCF needs to improve its control over keys and padlocks. Proper control would help ensure that all keys and padlocks are accounted for and that any lost or missing keys and padlocks are detected and recovered in a timely manner, thereby helping to ensure the safety and security of staff and prisoners.

DOC policy directive 04.04.100 requires that the key control officer maintain an up-to-date inventory of keys and padlocks and that all keys and padlocks be inscribed with an individual identifier. Also, DOC policy directive 04.04.100 requires each emergency key to be identifiable by touch and sight (a silver rivet attached to the head of the key). Further, RSCF operating procedure 04.04.100J requires each shift to inventory and account for all in-service keys daily.

Our review of keys, padlocks, and the related controls disclosed:

- a. RSCF did not have an up-to-date inventory of keys. Our review of the master key inventory as of April 24, 2006 identified discrepancies with 10 (50%) of the 20 key rings sampled. Discrepancies consisted of keys being included on the master inventory list but not on the key ring and keys being included on the key ring but not on the master inventory list.
- b. RSCF did not have an up-to-date inventory of padlocks. Our review of the master padlock inventory as of June 13, 2006 identified discrepancies with 13 (39%) of the 33 padlocks sampled. Discrepancies consisted of padlocks missing, padlocks not inscribed, and padlocks not identified on the master inventory. In addition, we noted 34 instances in which the master padlock inventory indicated that 2 padlocks were inscribed with the same identifier.

- c. RSCF did not ensure that each emergency key was identifiable by both touch and sight. Of RSCF's 6 emergency key rings, 4 rings had only one key that was identifiable by both touch and sight and none of the keys on the other 2 rings were identifiable by both touch and sight.
- d. RSCF did not complete all daily inventories for in-service keys. Our review of daily inventories for August 2005 noted that 38 (41%) of 93 shifts did not inventory all control center*, bubble*, and KeyWatcher box* security keys.

RECOMMENDATION

We recommend that RSCF improve its control over keys and padlocks.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that the locksmith has updated the master key inventory list and the master padlock inventory list and conducted complete inventories. RSCF also informed us that all emergency key rings have been color coded and riveted to ensure identification by touch and sight and that daily key inventories for in-service keys are being completed by control center and bubble staff. RSCF further informed us that the control center log and bubble log record the date, time of completion, key box, and name of person performing the inventory and that the shift commander, shift supervisors, and/or the key control officer are reviewing the logs daily to ensure compliance.

FINDING

3. Prisoner Shakedowns

RSCF procedures did not require housing unit officers to perform prisoner shakedowns.

Requiring housing unit officers to perform prisoner shakedowns would help ensure that a reasonable number of prisoners are searched on a routine basis.

RSCF operating procedure 04.04.110 states that each female non-housing unit custody officer shall conduct pat-down* or clothed-body* searches of a minimum of

* See glossary at end of report for definition.

five randomly selected prisoners per shift. Housing unit officers are not required to perform shakedowns. The State determined that gender is a bona fide occupational qualification for several assignments at a women's correctional facility and, therefore, all 130 officers assigned to the housing units are female. Also, in order to comply with the gender requirement, DOC has restricted male officers from performing pat-down searches of female prisoners. As a result, there is a limited number of officers who can and are required to perform prisoner shakedowns.

We reviewed non-housing unit custody assignments of officers for eight days in July 2005 and determined that female officers accounted for only 25 (24%) of the 104 assignments. This resulted in only 125 required prisoner shakedowns, or approximately 16 prisoner shakedowns per day. As of June 1, 2006, RSCF housed 861 prisoners.

RECOMMENDATION

We recommend that RSCF revise its procedures to require housing unit officers to perform prisoner shakedowns.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and will comply. RSCF will revise its operating procedure to require female officers in the housing units to conduct an appropriate number of prisoner shakedowns to ensure that a reasonable number of prisoners are searched on a routine basis.

FINDING

4. Prisoner Cell Searches

RSCF did not document whether it performed all required cell searches.

Documenting whether it performed all required cell searches provides RSCF assurance that all required searches are performed, thus increasing the likelihood of detecting and confiscating contraband and increasing the safety and security of staff and prisoners.

RSCF operating procedure 04.04.110 requires that each first and second shift female housing unit officer complete searches of three randomly selected prisoner

rooms each shift. RSCF operating procedure 04.03.102B requires that staff assigned to the third shift conduct searches of the housing unit common areas, such as unit recreation and meeting rooms; storage rooms; laundry, bath and shower rooms; staff bathrooms; trash disposal rooms; foyer; and stairways. RSCF operating procedure 04.03.102B also requires that each occupied cell be searched a minimum of four times each month.

Our review of cell search records disclosed:

- a. First and second shift housing unit officers did not document whether they performed 2,038 (91%) of 2,232 required cell searches for three housing units in October 2005. We requested cell search records for three housing units, but RSCF was able to provide us with records for only one wing of one housing unit. We reviewed these records and determined that housing unit officers did not document whether they performed the required number of cell searches for 11 (35%) of 31 days in October.
- b. Third shift officers did not document whether they performed searches of housing unit common areas. Our review of one housing unit wing logbook for July 2005 and another housing unit wing logbook for August 2005 indicated that no common area searches were documented by third shift officers.
- c. Housing unit officers did not document whether they performed at least four cell searches for 282 (99%) of 286 cells reviewed in July and October 2005. Further review of documentation disclosed that 79 (28%) cells were searched only three times, 112 (39%) cells were searched only twice, and 91 (32%) cells were searched only once.

RECOMMENDATION

We recommend that RSCF document whether it performed all required cell searches.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that a log has been established and is being maintained in each housing unit to document first and second shift searches of cells, that each assistant resident unit supervisor is verifying shakedowns by reviewing the log daily and signing it, and that resident

unit managers periodically review the log and take appropriate action to ensure that officers conducted the required searches.

RSCF also informed us that third shift officers document searches of common areas in the housing unit logbooks by completing a daily area shakedown report, which is submitted monthly to the shift commander for review and retention, and that shift commanders are required to make rounds to ensure that staff are in compliance with policies and procedures.

RSCF further informed us that a log has been established and is being maintained in each housing unit to assist resident unit managers in ensuring that each occupied cell is searched a minimum of four times each month.

FINDING

5. Security Classification

RSCF did not complete security classification evaluations of prisoners annually.

Timely preparation of annual security classification evaluations would help ensure that prisoners are housed at the appropriate security level. Appropriate housing would help manage the prison population and the safety and security of staff and prisoners.

RSCF operating procedure 05.01.130 requires that each prisoner's security classification be reviewed at least once every 12 months.

Our review of 30 prisoner files as of June 30, 2006 disclosed that more than 12 months had elapsed since the most recent security classification evaluations for 16 (53%) prisoners. Our review also disclosed that, as of June 30, 2006, more than 24 months had elapsed since the most recent security classification evaluations for 5 (17%) prisoners.

RECOMMENDATION

We recommend that RSCF complete security classification evaluations of prisoners annually.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and will comply. RSCF informed us that a monthly management information system report will be circulated by record office staff to housing staff to assist in identifying which prisoners are due for a security classification evaluation. RSCF also informed us that resident unit managers and the assistant deputy warden of housing will be responsible for ensuring that the required evaluations are completed in a timely manner.

FINDING

6. Drug Testing

RSCF did not conduct required drug tests of all selected prisoners. Also, RSCF did not conduct the prisoner drug tests in a timely manner.

Conducting all required drug tests in a timely manner would help identify drug usage, thereby enhancing the safety and security of staff and prisoners.

DOC policy directive 03.03.115 requires that random testing of prisoners be conducted at regular intervals. DOC begins this process with a random drug test report (CB-831) that DOC's Management Information Services (MIS) generates and forwards to each facility via e-mail twice a month. Each CB-831 includes a list of randomly selected, specifically identified prisoners and a notification to test other randomly selected prisoners assigned to public works, gate pass, or Michigan State Industries (MSI). DOC policy directive 03.03.115 also requires that all prisoners randomly selected for drug tests be tested within 12 hours of the facility opening the e-mail from MIS.

Our review of the 8 CB-831 reports for four months (April and December 2005 and January and April 2006) disclosed that RSCF did not obtain drug tests for 29 (10%) of the 279 prisoners identified on the reports and for another 29 (10%) prisoners, RSCF did not obtain the drug tests within 12 hours of opening the e-mail as required by the DOC policy directive.

RECOMMENDATIONS

We recommend that RSCF conduct required drug tests of all selected prisoners.

We also recommend that RSCF conduct prisoner drug tests in a timely manner.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that the shift commander ensures that all identified prisoners are tested and that the testing is completed within 12 hours of opening the e-mail.

FINDING

7. Security Monitoring Exercises

RSCF did not document whether it completed all security monitoring exercises.

Security monitoring exercises are developed to test the effectiveness of established procedures and the alertness of staff by simulating the condition, behavior, or emergency that the procedures were designed to control. Performing the required security monitoring exercises helps to ensure that custody staff are adequately trained in critical security measures.

DOC policy directive 04.04.100 requires that security monitoring exercises be conducted at least quarterly. In addition, RSCF operating procedure 04.04.100Y requires staff to conduct various security monitoring exercises daily, weekly, biweekly, or monthly.

Our review of the security monitoring exercise forms for the period January through March 2006 disclosed that RSCF did not document whether it completed 189 (55%) of the 342 required exercises.

RECOMMENDATION

We recommend that RSCF document whether it completed all security monitoring exercises.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that it has established a process for the captain of each shift to report monthly to the deputy warden whether the required number of security monitoring exercises were performed and to allow for corrective action if necessary.

FINDING

8. Metal Detector and X-Ray Machine Calibration

RSCF did not periodically test and calibrate its walk-through metal detector and x-ray machine.

Periodically testing and calibrating the metal detector and x-ray machine provides assurance to custody officers that these machines are properly identifying potentially dangerous objects on individuals attempting to enter the prison. The walk-through metal detector and x-ray machine are the primary tools used by the gate officer to identify and prevent illegal items from entering the secured prison.

During our audit period, RSCF's walk-through metal detector was not properly calibrated. Under observation of the gate and bubble officers, we walked through the metal detector four times carrying a set of 10 keys in our hands. Only once did the metal detector's sensor detect the keys.

RECOMMENDATION

We recommend that RSCF periodically test and calibrate its walk-through metal detector and x-ray machine.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has complied. RSCF informed us that the maintenance department's quarterly testing and calibration of the walk-through metal detector and x-ray machine has been incorporated into the preventive maintenance schedule. RSCF also informed us that the current quarter's test and calibration have been performed.

FINDING

9. Self-Contained Breathing Apparatus (SCBA) Squad

RSCF did not ensure that all corrections officers were properly qualified in the use of SCBA equipment prior to assigning them to the SCBA squad. Also, RSCF did not ensure that corrections officers performed and documented required inspections of the SCBA equipment. As a result, RSCF did not have assurance that adequate safety precautions existed in the event of a prison disturbance or fire or that the equipment would function properly when needed.

RSCF operating procedure 04.03.120L requires that SCBA equipment be used only by staff who have successfully completed DOC's SCBA training course and have been recertified semiannually in the use of the SCBA equipment. This operating procedure also requires that qualified staff perform weekly inspections of the SCBA equipment to ensure that the equipment is operational and ready for use.

Our review of records related to SCBA qualifications and inspections disclosed:

- a. For 8 days tested in July 2005, 15 (36%) of 42 corrections officers assigned to the SCBA squad were not currently qualified in the use of the SCBA equipment.
- b. RSCF did not document whether it performed 399 (78%) of 510 required weekly SCBA equipment inspections for calendar year 2005.

RECOMMENDATIONS

We recommend that RSCF ensure that all corrections officers are properly qualified in the use of SCBA equipment prior to assigning them to the SCBA squad.

We also recommend that RSCF ensure that corrections officers perform and document required inspections of the SCBA equipment.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has taken steps to comply. RSCF informed us that the arsenal sergeant will provide shift commanders with an up-to-date listing to SCBA qualified corrections officers. RSCF also informed us that shift commanders will only assign staff to the squad who are on the certification list and that the arsenal sergeant and intake sergeant will ensure that weekly SCBA equipment inspections are performed.

FINDING

10. Sanitation Inspections

RSCF did not ensure that all required weekly and monthly sanitation inspections were conducted and properly documented.

Regular formalized inspections of prison buildings and grounds are essential to ensure good sanitation and housekeeping practices.

DOC policy directive 04.03.102 requires that weekly sanitation inspections be conducted in all institution areas by a qualified DOC staff member and that monthly comprehensive sanitation inspections be conducted by a safety/sanitation specialist. This policy also requires that, prior to each new inspection, inspecting staff are to review previously reported deficiencies to determine if necessary corrections were completed.

We reviewed records for 23 areas within the prison that require sanitation inspections to determine if weekly and monthly inspections were conducted. We reviewed weekly sanitation inspections for September 2005 and monthly sanitation inspections from July 2005 through April 2006. Our review disclosed:

- a. RSCF did not document that it conducted 28 (30%) of the 92 required weekly sanitation inspections.
- b. RSCF did not ensure that inspecting staff identified corrective action for 7 (88%) of the 8 areas that noted deficiencies in prior weekly sanitation inspections.
- c. RSCF did not conduct any monthly comprehensive sanitation inspections. RSCF informed us that it does not conduct these monthly inspections.

RECOMMENDATION

We recommend that RSCF ensure that all required weekly and monthly sanitation inspections are conducted and properly documented.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it has taken steps to comply. RSCF informed us that all weekly reports are being submitted to the facility sanitation coordinator and that copies will be sent to department heads who will be responsible for ensuring that any corrective action is taken to correct deficiencies identified in the sanitation inspections. RSCF also informed us that the facility sanitation officer is responsible for conducting and documenting comprehensive monthly inspections and that department heads will be responsible for ensuring that deficiencies

identified in the monthly inspections are corrected. RSCF procedures will be revised to reflect this.

FINDING

11. Maintenance

RSCF did not ensure that all preventive maintenance activities and maintenance work orders were completed in a timely manner. Completing preventive maintenance activities and maintenance work orders in a timely manner would reduce the risk of preventable equipment or system failures.

DOC policy directive 04.03.100 requires scheduled inspections for preventive maintenance and that requested repairs and reported maintenance problems be addressed in a timely manner.

We reviewed selected weekly, monthly, quarterly, and annual preventive maintenance activities from April 2005 through March 2006. We also reviewed maintenance work orders for February 2006. Our review disclosed:

- a. As of March 31, 2006, maintenance staff had not completed 9 (27%) of 33 required preventive maintenance activities.
- b. As of June 22, 2006, RSCF's records showed that maintenance staff had not completed 85 (39%) of 217 work orders requested in February 2006. As of September 22, 2006, RSCF informed us that the completion status of 72 of the 85 work orders had not been recorded and that only 13 (6%) of the 217 work orders had not been completed prior to June 22, 2006.

RECOMMENDATION

We recommend that RSCF ensure that all preventive maintenance activities and maintenance work orders are completed in a timely manner.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and will comply. RSCF informed us that maintenance supervisors are now reviewing a weekly MicroMain report that lists open work orders, including preventive maintenance by due date and assigned staff. RSCF also informed us

that this report is being used as a tool to ensure and document timely completion of preventive maintenance and work orders.

FOOD SERVICE OPERATION

COMMENT

Audit Objective: To assess the efficiency of RSCF's food service operation.

Conclusion: We concluded that RSCF's food service operation was efficient. However, we noted a reportable condition related to food service menu changes and quality checks (Finding 12).

FINDING

12. Food Service Menu Changes and Quality Checks

RSCF did not document and approve all food service menu changes. Also, RSCF did not perform all required food quality checks. As a result, RSCF could not ensure compliance with required nutritional and quality standards.

DOC policy directive 04.07.100 requires that all menu substitutions be noted on a report of menu change form (CAH-108) and that the food service director approve all menu changes on this form. Also, RSCF operating procedure 04.07.100 requires a shift supervisor, a food service supervisor, and a prisoner representative to complete a daily report on food service (CAJ-105) after the completion of each meal.

Our review of menu changes and substitutions for the period November 1 through 14, 2005 and CAJ-105 reports for November 2005 disclosed:

- a. RSCF did not document 5 (45%) of the 11 menu changes or substitutions. Because the menu changes were not documented, they were also not approved by the food service director.
- b. RSCF did not document 183 (68%) of the 270 required CAJ-105 reports.

RECOMMENDATIONS

We recommend that RSCF document and approve all food service menu changes.

We also recommend that RSCF perform all required food quality checks.

AGENCY PRELIMINARY RESPONSE

RSCF agrees and informed us that it complied. RSCF informed us that it has established a system to ensure that the food service director approves all menu changes. RSCF also informed us that it has revised its operating procedure to discontinue the use of the post food service report (CAJ-105) form, but it will continue to conduct the preservice food quality checks as required by DOC policy.

PRISONER ASSETS

COMMENT

Audit Objective: To assess the effectiveness of RSCF's efforts to establish and implement controls for safeguarding prisoner assets.

Conclusion: We concluded that RSCF was effective in its efforts to establish and implement controls for safeguarding prisoner assets. Our report does not include any reportable conditions related to this audit objective.

GLOSSARY

Glossary of Acronyms and Terms

bubble	Central point of entry into and exit from a facility.
CAJ-105	daily report on food service.
CB-831	random drug test report.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
clothed-body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
control center	Central area of communication for a facility. The control center has contact with all officers by radio and loudspeaker.
critical tools	Items designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools shall be stored only in a secure area and shall be accounted for at all times.
dangerous tools	Items that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools shall be stored only in a secure area and shall be accounted for at all times.

DOC	Department of Corrections.
effectiveness	Program success in achieving mission and goals.
efficiency	Achieving the most outputs and outcomes practical with the minimum amount of resources.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
KeyWatcher box	Electronic key storage cabinet that employees use to access their assigned key rings using specific pass codes that release only their key rings from the cabinet.
level I	The security classification assigned to prisoners who can live in facilities with a minimal amount of security. These prisoners are normally relatively near parole, are not serving time for a sexual offense, and have no history of certain kinds of arson behavior.
level II	The security classification assigned to prisoners who generally have longer sentences than level I prisoners, who need more supervision but who are not likely to escape, or who are not difficult to manage.
level IV	The security classification assigned to prisoners who have a sentence of more than 60 months, who can generally be managed in the general population of prisons, and who have not shown a tendency to escape from close security.
level V	The security classification assigned to prisoners who need close supervision because of the likelihood they may try to escape or because they are difficult to control.
MIS	Management Information Services.
MSI	Michigan State Industries.

mission	The agency's main purpose or the reason that the agency was established.
pat-down search	A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats) and shoes; however, all items shall be removed from pockets.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.
reportable condition	A matter that, in the auditor's judgment, represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.
RSCF	Robert Scott Correctional Facility.
security threat group (STG) prisoner	A prisoner who is considered a threat to the safety and security of a facility because of gang-related activities or affiliations or violence toward staff or other prisoners. Prisoners can be designated as STG I (members of gangs or groups) or STG II (leaders of gangs or groups). Prisoners who are designated as STG II must generally be housed in a level V facility.
self-audits	Audits performed by facility staff that enable management and staff to ensure that all operational units comply with policy directives and take proactive steps to correct any noncompliance. Performing self-audits is intended to maximize safe and efficient operations by DOC.

self-contained
breathing apparatus
(SCBA)

An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

shakedown

The act of searching a prisoner, an employee, or a visitor to ensure that he/she does not have any contraband in his/her possession.

